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ABSTRACT

Ways in which health professionals may improve the quality of life for older adults are considered. Needs must be met in the following areas: (1) safe housing; (2) convenient transportation; (3) protection against street crime; (4) improved communication systems; (5) educational programs; (6) nutrition for the elderly; and (7) physical fitness and recreational programs. (JD)

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The Graying of America
-The HPER Focus

by
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for
AAHPERD
Boston, Massachusetts
April 15, 1981

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
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I've titled my remarks today "The Graying of America - the HPER Focus." Let's examine those terms. Focus really implies zeroing in on a subject for clearer perceptions which might lead to broader perspectives. The graying of America? That's a popular verbiage in today's literature as a variety of professions examine their goals and their responsibilities with regard to the quality of life for older Americans, senior citizens, Borrowed Timers, Keenagers or whatever nomenclature you want to use on those who have reached what Harold Meyer once termed the Metallic Age -- gold in your teeth, silver in your hair and lead in your pants.

Do we in health and safety, physical education, or leisure services have a continuing role to play in those lives?

As the new administration struggles with the proposed budget cuts; as retirees all over the nation worry about potential changes in Social Security benefits, the rising cost of fuel, health services or transportation; as middle-aged parents wonder about their budget capacity for handling double digit inflation on a pay-check less and less of which is returned to them; as 1800-2000 delegates from throughout this country prepare to gather for the 1981 White House Conference on Aging in December of this year, we need to take a probing look at the challenge created by our ever-increasing numbers of silver-haired constituents who need to remain physically and mentally healthy, who want to continue to drive cars or recreation vehicles on the roads we travel, and who are blessed or cursed with enlarged amounts of enforced or sought-for leisure. Are we involved? Do we have responsibilities?

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We are embarking on a new decade. The 1970's were initiated in turmoil, moved through a period of apathy and complacency and ended in some serious misgivings about our capabilities as a nation to deploy energy and natural resources or to resolve social conflicts in our own backyards. One of the prime social concerns which emerged was the awareness of the many barriers, from inflation to 20-step doorways, which affected the quality of life for older Americans.

Whether we attack the concern on a personal, an altruistic, or a professional basis, the door to the eighties is open. In my judgment, the movement of that door to a wider horizon or aperture or to the creaking closing of the gate has pertinence to the quality of professional preparation and service in health, safety, physical education, and recreation.

Let's face it. Except for one obvious alternative, aging is inevitable. A friend of mine says, "Death is nature's way of telling us to slow down." When we consider that alternative (even with the present glorification of death and dying) we may have somewhat changed our attitude toward a more gracious acceptance of the phenomenon of old age. The <u>fact</u> of getting older is inescapable. The process by which we move into later maturity (that's a nice way of saying old age) is a different matter. The strategies which your contributions evolve might for some, make the difference between <u>growing</u> old and just <u>getting</u> old.

The literature today abounds with such phrases as the "greying of America." That, in itself, reflects some of the challenges of America's new social problem- which Robert Butler dubbed "ageism," and, in my judgment, ageism will rank with sexism or racism as a potential integrating or destructive influence on future social environments. The greying of America - notice the categorization of color - not pure white, glossy black, sultry blue, dynamic red, or verdant green - but grey, that No Man's Land of the color spectrum that is so frequently used to

describe those areas not quite definable, not quite distinct, not quite conducive to valid decision making - the grey areas.

I'd like to suggest that we, whatever our ages or our career responsibilities, had better pay attention to the greying of America, not only because we live in a country that has a growing population of elderly (10.9% now - a possible 12-15% by 1990), not only because we ourselves have a chance of reaching that old age category, but because the concerns of the aged in our country are affecting or can affect us right now - politically, financially, socially, and psychologically.

Let's look at some reasons for concern, challenge, or action as we enter the last two decades of this century. I have no crystal ball which mirrors the future. Rather, it appears very clear to me that for the challenges of the aging to our professions, the future is now. It does not represent some pot of gold at the end of a colorful arch. It's not some condition that arrives with a resounding cymbal or a blinding light. Satisfactions or dissatisfactions in the future have their origin in how we are dealing with the present.

What does it mean to be old or older in our society? For many, the glory of the golden years is a painful myth. In spite of all the energies and monies poured into this country's aging network, we still have elderly who are alone, ill, too proud to ask for help, or too insecure to wade through the necessary paperwork. Many suffer from geographic isolation; others withdraw because their poor teeth, hearing, or sight decrease their confidence or self image. Still others are immobilized in institutions, the inner city, or because of present inadequacies in public or private transportation systems or because crime on the streets makes them afraid to venture forth.

But let's not stereotype them as poor, isolated, dependent, and a burden to society. Cicero reminded us long ago, "As it is with wine, so it is with men (and

I suppose he meant women), they do not all grow sour with age." We have the opposite end of the spectrum - the 80 year old live wires, actively involved not only in improving the quality of their own life but willing to donate time and expertise to improve the lot of others as well, a 70 year old President who sends out humorous one-liners as he is wheeled into surgery. These two poles of the capability spectrum are the ones that get the most coverage - the five per cent that are incapacitated and must be institutionalized and the Tom Cureton, Eubie Blakes, Buster Crabbes, and Helen Hayes of the world who are still charming us with their particular expertise.

I'd like to remind you that, important as those two extremes are, we have a large population of Mr. In-Betweens who fall all along the continuum. Some need a little financial help in these days of inflation. Others need resources for social integration or physical or intellectual stimulus. Still others with few food or shelter problems need the services our professions can provide to meet psychological demands for recognition, safe passage on our streets or sidewalks, service to others, or simply adventure.

Reasons for concern for the welfare of the aged segment of our population include several factors that must alert us to their very real needs. If we do not respond because of social conscience and humanitarian impulses, we may be forced into greater awareness as the senior citizen voting forces become an over-riding influence on the power structure at local, state, or national levels. If they all band together, they can vote the rest of us anywhere they want us to go. Maggie Kuhn and the Gray Panthers may yet make Ralph Nader look like a novice.

Let's look first at numbers. How many people are we talking about? That depends, of course, on how you define old age. OASI decided on 65 years as that magic number when you are old. Other cycles put the figure at age 60. Recently,

we've started categorizing the segment with the terms young-old (ages 60-74) and frail or "at risk" old (75+).[1] Any definition tied to chronological years may be convenient but it is arbitrary. We don't age like cheese. We don't all age at the same speed, physiologically or socially.

We've had lots of facetious definitions. "A woman is as old as she looks. A man is old when he stops looking." Old age is when more and more you want to do less and less. My favorite definition is the image of a dog, chasing a cat - and both are walking.

HEW statistics indicate we now have almost 15% of our population (32.8 million) persons over age 60; 10.9% (23.5 million) over 65. The fastest growing population in America, according to Robert Butler, is the 85+ population. There are 1.3 million in nursing homes now and we have projections of at least 2.9 million by 1985. The total high risk aged will approach 10 million by that same year.

But let's look at the mix. We had a baby boom in the 1940's. Those babies will be 60 by the years 2000 - 2010. But we had a zero population campaign in the 1960's. Our fertility rate went to 1.7. Result - a skewing of the population curve toward the higher end of the age scale. Predictions indicate that the median age of the total population is rising. It's 29.8 years right now as opposed to the predictions in the 1950's that half of us would be under 15 years of age by 1980. Add to that fact - that life expectancy has extended somewhat, more women live longer than do men and that older men marry younger women in our society - and we have some social problems.

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[1]Clark, Robert and Spenzler, Joseph. "Population Aging in the Twentieth Century," Aging, January-February, 1978. pp. 10-11.

Should we in HPER continue to focus most of our time and energies on the school age segment or must we broaden our sphere of influence to relate more realistically to the changing age spectrum? Particularly, this challenge goes to physical educators since health, safety and recreation curriculums already have had to broaden scope to meet community demands.

Regardless of any antics with semantics in statistics, stereotypes, or nomenclature this is the population toward which we are all moving. What are some of the present and future challenges which must be met?

Health. First, let's look at health - physical, mental, social, and emotional. All of our professions have a stake not only in the nation's silhouette but in its peace of mind and its safe environment.

The recent Washington conference sponsored by the President's Council on Fitness put a new emphasis on "fitness for all" including our older population. The latest research concerning the contribution of physical activity was explored. The works of Herbert de Vries, Sid Robinson, Bruce Dill, Jack Wilmore, Ishmail, Tom Cureton and others enthusiastically support the contribution of exercise to everything from easing hypertension and building cardio-vascular function to improving morale or decreasing depression. So much of what we do in our areas of expertise relates directly or indirectly to physical fitness and mental well being.

Research on aging was late in starting. If we concentrate on this age group with our medical sophistication maybe we will, in the future, be able to live nearly forever. Think how that possibility might change our lives.

Enzyme research (Gerovital #3 has been introduced in Sweden) indicates that we may not only deter but reverse the aging process. Dr. Robert Butler at the 1979 Governor's Conference in Indiana reported that research in nutrition seems to indicate that some problems such as osteoporosis in women may be reversed with

different diet. Cryonics may allow us to freeze ourselves into oblivion until science has found a cure for whatever was about to "do us in."

There is a current saying - "Nobody ever died of old age." Some studies[2] indicate that 60 per cent of our longevity is genetically inherited. The other 40 per cent is related to our environment and the care of the castle in which we live - our minds and bodies. Physical aging is seen as the product of the influences of nutrition, drug intake, exercise, environments (both physical and chemical) and the effects of stresses caused by retirement, relocation, loss of role, friends, etc. Certainly we as professionals are actively involved in many of those influences.

What can we do to make life more meaningful for the elderly so that they will refrain from joining the 25 to 34 per cent of the nation's suicides? The published rate is high but there is a current belief that it is grossly underestimated since so many elderly seem to die of natural causes as they purposely "forget" to take life prolonging medicines, refuse to eat, or expose themselves to dangerous risks because they can no longer accept a life of poverty, dependence, isolation or pain. Research reports an increase in introversion in the later years but it may be caused primarily because of lack of alternatives. If the only thing you have to contemplate is your navel, navel watching becomes important at any age. Attractive motivation toward experiences which are fun and exciting and just happen to increase flexibility or balance capabilities is our business - or should be. For the still mobile elderly it may mean retaining neck flexibility which is necessary for safely backing a car. For the nursing home resident it may mean maintaining enough balance and flexibility to get off the John by himself. That's a great stride on

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[2]Jewett, Stephen, "Longevity and the Longevity Syndrome," The Gerontologist, Spring, 1973, p. 95.

the side of dignity and independence.

Can we in health provide drug education which will prevent lethal interaction between drugs or between drugs and certain foods? Is that our job? If not, then whose? Do we impact nutrition course content to deal with food and drug complexities?

Housing. Housing is another pertinent item. Housing for senior citizens has become big business - condominiums, trailer courts, communes, Sun City, Leisure World, retirement villages, nursing homes. Are you involved as professionals when traffic patterns are establshed for residential centers? Where are the pickup stations? Do they breed accidents because of hidden hazards or are they examined for safest access?

Housing of any type for the elderly presents a challenge. Are we involved as HPER professionals to see that congregate housing for the older American provides access to physically active experiences, areas for safe terrain for walking outdoors, unencumbered traffic flow indoors, safe floor coverings, and hand rails?

What about educational programs which create awareness on the part of this generation for the need for a clear escape route in case of fire whether the building is a hotel, a single family home, or a nursing home? Vegas has certainly raised more than moral eyebrows in the past few months with its disastrous fires.

Do we have any responsibility for providing continuing education courses for nursing home and day care center personnel to improve the safety aspects of their environments? The senior who lives, particularly the one who lives alone, in his own home needs our help in terms of specific home security systems to protect him from becoming one of the burglary victims prevalent among this age group.

How safe in terms of accidents and security are the high-rise housing units which isolate many elderly not only horizontally but vertically? Do you or your

students ever look at them?

Transportation. The older person needs help with transportation without which he can no longer reach out to leisure programs which can add meaning to his life.

Losing one's driver's license because of vision difficulties or less than adequate coordination which makes you accident prone is one of the most traumatic losses in the later years. For some, it is the breaking of their last link to independence.

What can we do to get better driver education for this age group, better knowledge about car maintenance so that the ever present con man won't swallow up limited finances with unnecessary repair? What about recreation vehicle safety? The retirees, until the recent gas shortages, were taking to the road in droves, some with only minor knowledge of the effects of wind or speed on their multi-ton steed. Can we expand our efforts in motor vehicle safety for our older population?

As we look at traffic safety, do we have any responsibility to look at the speed with which traffic lights change in our communities? All too often, the elderly pedestrian whose agility has slowed finds that, by the time he's checked for cars both ways, the fleeting green already has turned to yellow.

Crime in the streets. Older persons are favorite targets for muggers and purse snatchers. Can our karate or judo classes for elders make them more capable of self-protection? Can seminars help alert older Americans in ways of carrying themselves or their purses so that they do not create an open invitation to attack? Law enforcement units often will cooperate in such education programs if someone lights the idea fire.

Communication. Console computers are becoming as common as desk calculators. Satellites may give us more information than we care to know about what goes on in our parks, our forests, or our schoolyards. Centrally produced imagery via

mass media affects every life style. Will it affect how you serve people? Will TV discs and home computers be a boon or a bane to your present service demands? Can your expertise be replaced by a computer or a TV set? Will you make technology friend or foe?

Increased leisure. There are other challenges, but let me come finally to the area of leisure and its use because we so frequently find that both psychological and physical well being are tied in retirement to the opportunities for meaningful (and I stress again the meaningful) experiences in expanded free time.

The non-work years in retirement are sometimes psychologically very difficult for those who have been committed to a work ethic all of their lives. We meet someone and ask "What do you do?" Will your identity be gone when your work is gone? Tomorrow's aged may be different in terms of attitude, education for leisure roles, and societal value systems, but today's aged are suffering from a cultural lag when our value systems have not caught up with the reality of expanded life spans and expanded unearned leisure. Boredom and loneliness are Twentieth Century diseases. Erich Fromm says that "A society which has not yet learned to honor what it is committed to produce creates an uneasy population." We have more older people. We have, because of a variety of reasons, more leisure. But we are still operating in a work-oriented, youth oriented societal attitude.

Every older American should have opportunity for meaningful participation and a continuing identity. Kitchen bands, pot holders and bingo are not enough. Within their physical and mental capabilities the elderly should be able to choose from a cafeteria of activities which can provide creative outlets, individual development, social inter-relationships, mental and physical stimulation, relaxation--in short, a chance to balance the rest of their life.

Meaningful programs in all of these areas are based on three factors:

1. Availability - If no program exists, we have failed the elderly.

2. Accessibility - The best programs will not be attended if the intended clientele are too frail, transportation is unavailable, or environmental (physical or social) barriers deter participation.

Social stereotypes (the old or the young) can be as great a deterrent as lack of hand rails or ramps. The younger daughter decides horseback riding or canoeing is too dangerous for the parent. (The Father William syndrome). (Shooting the rapids) The aged person himself starts to think - "I really shouldn't try that at my age."

3. Acceptability - The older person must accept the programs. For example, many who needed help provided by Title XX would not touch it in our state while it was administered by the Welfare Department. Many others who need the food as well as the companionship of nutrition sites reject the environment or the clientele as unsuitable for themselves.

So let's not wait for Congressional bills or the staging of a long hot summer by the over 60 population. Let's look ahead to change attitudes and programs. Oscar Ewing at the 1950 Conference on Aging remarked, "This is a country where it is wonderful to be young. It must become a country where it is wonderful to be old." The key to that challenge belongs to all of us, to make this country a place in which individuals can continue to grow with the years. If we succeed, who knows, the lives we save may be our own.

Let me end with a plea written by a 70 year old. It should hit home for all of us.

LORD I DON'T WANT TO SIT ABOUT
BROKEN AND TIRED AND WORN OUT
AFRAID OF WIND, AND RAIN, AND COLD
LET ME STAY BUSY WHEN I'M OLD
ALTHOUGH I WALK AT A SLOWER PACE
STILL LET ME MEET LIFE FACE TO FACE
LET ME GARDEN, PLANT, AND SEW
SET PHLOX AND PEONY ROW ON ROW
HEW WOOD FOR WINTER'S COZY FIRE
AND AT SOME USEFUL LABOR TIRE
THIS IS MY PRAYER AS TIME GOES BY
LORD KEEP ME BUSY TILL I DIE.

Claire Booth Luce once said, "You can toboggan into old age before 50 - or you can gently slide down a gradual slope of the years into your seventies." But the time to begin chiseling the calendar is now.

That is our challenge. Can we really make a difference between growing old or just getting old. In my judgment, we can - and we must. The President's Council on Fitness will sponsor a program this summer on Fitness and Aging. Get involved in it. Several states or sections of states are organizing Senior Olympics. Give them your expertise for safer, healthier, more rewarding events. The Administration on Aging has designated multipurpose senior centers as focal points for delivery of services to older Americans.

Can the Center in your community use your help? Are you involved as industry initiates fitness, pre-retirement or safety programs?

First Aid, CPR, fitness testing, exercise classes, dance, driver education, performing arts, music, and drama -- a whole cafeteria fo exciting possibilities

for working with the elderly are there for the taking. The time you spend will be worthwhile -- I guarantee it - to them and to you.

Get involved as your state and region continue to prepare for the 1981 White House Conference. The contributions of our field are buried in the sections indicated as priority issues. Only we can rattle the cage of complacency and interpret the worth of what we do toward the quality of life for America's nearly 25 million senior citizens. We need action. Let me close by citing a favorite four-liner.

"If a mariner's wise, he looks to the skies
To see what he's about
And he doesn't expect any ships to come in
Unless he's sent a few out."

Where are your idea ships on aging today? Afloat on a broiling sea or safe in port?